

<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/522,436</td> </tr> <tr> <td>Filing Date</td> <td>2005-09-08</td> </tr> <tr> <td>First Named Inventor</td> <td>Aime, S.</td> </tr> <tr> <td>Title</td> <td>Procedures of ocular</td> </tr> <tr> <td>Art Unit</td> <td>1618</td> </tr> <tr> <td>Examiner Name</td> <td>Schlentz, L.</td> </tr> <tr> <td>Attorney Docket Number</td> <td>56790-103</td> </tr> </table>	Application Number	10/522,436	Filing Date	2005-09-08	First Named Inventor	Aime, S.	Title	Procedures of ocular	Art Unit	1618	Examiner Name	Schlentz, L.	Attorney Docket Number	56790-103
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Examiner Name	Schlentz, L.														
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I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

20311

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Country

Telephone Email

I am the

☐ Applicant/Inventor.

**OR**

☒ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/06) submitted herewith or filed on

**SIGNATURE of Applicant or Assignee of Record**

Signature	Date
<i>Diana Bracco</i>	9/12/2010
Name	Telephone
DIANA BRACCO	
Title and Company	
CEO/CHAIRMAN BRACCO IMAGING SA	

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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